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Bib Data Sheet

CONFIRMATION NO. 2939

SERIAL NUMBER 10/622,721	FILING DATE 07/18/2003 RULE	CLASS 514	GROUP ART UNIT 1624	ATTORNEY DOCKET NO. PRD-19NPUS
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APPLICANTS

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**** CONTINUING DATA *******
 This appln claims benefit of 60/396,948 07/18/2002 *WM*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 10/20/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance Verified and Acknowledged Examiner's Signature <i>WM</i> Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 2
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TITLE
 Substituted triazine kinase inhibitors

FILING FEE RECEIVED 1168	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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